#### SUMMARY SHEET

Change in Company's premiu	m or rate level produced	l by rate
revision effective $8/4/09$		<b>_</b> •
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<pre>Volume (Illinois)*</pre>	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger		EIVED
Commercial	REC	EIVED
3. Liability Other Than Auto		
4. Burglary and Theft 5. Glass		0.0000
6. Fidelity	——————————————————————————————————————	2 8 2009
7. Surety		
8. Boiler and Machinery	STATE	OF TLLINOIS
9. Fire	ADTMEN	IT OF IMPOINTED
10. Extended Coverage	SPI	RINGFIELD
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail		
15. Other Renters	\$5,604,702	0%
Line of Insurance		
Does filing only apply to certain If so, specify: No	territory (territories)	or certain classes?
Brief description of filing. (If organization	n): This filing details the Renters Redesign	an advisory s the implementation of gn Product into the ndemnity Company (AI)
* Adjusted to reflect all prior n ** Change in Company's premium lev result from application of new	vel which will	
	Allstate Indemnit	y Company
	Name of Com	pany
A	ndi M. Colosi - State Fili	ngs Project Manager
H29219D	Official - T	itle

#### **SUMMARY SHEET**

FORM (RF-3)

Change in Company's p Effective July 1, 2009	oremium or rate level produced b	by rate revision
(1)	(2)	(3)
( )	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability     Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		

Does filing only apply to certain territory (territories) or certain classes? No If so, specify:

Brief description of filing. (If filing follows rates of an advisory
Organization, specify organization): Rate and Rule Revision - introducing Farm Operation factors
rating program; included is an updated Order of Rating for the program.

\$1,952,724

15. Other Farm/Ranch

## RECEIVED

JUN 0 9 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

AMERIC.	AN	FAN	ли у м	TAITTIN	INS	CO

Name of Company

-5.9%

James P. Weyer

Official - Title

James P. Meyer, ACP, AIM

Senior Pricing Analyst/Filings

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

#### **SUMMARY SHEET**

crage Liability enger Physical Damage enger er Than Auto Theft	Volume (Illinois)*	<u>Change (+ or -)**</u>
enger  Physical Damage enger  Than Auto		
Physical Damage Penger       Than Auto		
enger l er Than Auto		
er Than Auto		
Theft		
achinery		
verage		
e		
Multi-Peril		
	\$8,113	-12.9%
to certain territory (ter	ritories) or certain classes? If so, specify:	
3 1		Average  Business Protector  The of Insurance  To certain territory (territories) or certain classes? If so, specify:  Solution of Insurance  To certain territory (territories) or certain classes? If so, specify:

\*\* Change in Company's premium level which will result from application of new rates.

Ansur America Insurance Company
Name of Company

Sarah Jones R&D Analyst II

Official - Title

Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	10/1/09
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private     Passenger Commercial     Automobile Physical Damage     Private Passenger Commercial     Liability Other Than Auto     Burglary and Theft     Glass     Fidelity     Surety     Boiler and Machinery     Fire     Linland Marine     Linland Marine     Commercial Multi-Peril     Crop Hail     Other Rental Dwelling     Line of Insurance	243,723	10%
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify	: <u>No. Statewide change</u>
	ates of an advisory organization, specify	y organization): <u>Increasing Base Rate</u>
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which	ch will result from application of new rates	3.
		nnati Insurance Company
DECEN/ED		Name of Company
RECEIVED	Matt Terre	II - Personal Lines Analyst
		Official – Title

JUN\_0 5 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

produced by rate revision effective	10/1/09
(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1,722,502	5%
itories) or certain classes? If so, specify	: No. Statewide change
tes of an advisory organization, specify	y organization): <u>Increasing Base Rate</u>
	s. nnati Insurance Company Name of Company
	Annual Premium Volume (Illinois)*  1,722,502  itories) or certain classes? If so, specify tes of an advisory organization, specify will result from application of new rates

JUN 0 5 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

#### Form (RF-3)

#### **SUMMARY SHEET**

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automol	oile Liability		
	Private	Passenger		
	Comme	ercial		
2.	Automol	bile Physical Damage		
	Private	Passenger		
	Comme			
3.	Liability	Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler ar	nd Machinery		
9.	Fire			
10.	Extended	d Coverage		
11.	Inland M	<b>farine</b>		
12.	Homeow	vners		
13.		cial Multi-Peril		
14.	Crop Ha			
15.	Other	Business Protector	\$1,543,704	-8.8%
		Line of Insurance		
loog f	ilina anlız	annie to cartain territore (te	erritories) or certain classes? If so, specify:	
No	illing office	ippry to certain territory (to	entiones) of certain classes: If so, specify.	

\*\* Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Com
Name of Company

Sarah Jones R&D Analyst II

Official - Title

## FORM (RF-3)

#### SUMMARY SHEET

<b>2</b>	A service of Director in the	(3)
	Annual Premium	Percent
Coverage -	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		The state of the s
Automobile Physical Damag		CEIVED
Private Passenger		CEIVED
Commercial	RE	
iability Other Than Auto		
Burglary and Theft	-# ···	JUN 0 4 2009
Glass _		7014 0 3 -
idelity _		OF ILINOIS
Surety _		STATE OF ILLINOIS
Boiler and Machinery	DEP	STATE OF ILLINOIS ARTMENT OF INSURANCE SPRINGFIELD
ire		
xtended Coverage		
nland Marine		
łomeowners		
Commercial Multi-Peril		
Crop Hail		
Other Lawyers Professional	933,504	18.1%
Life of Insurance		
Does filing only apply to certain	territory (territories)	or certain
Classes? If so,	(control)	
	tory 1 - Cook Cou	nty
Territ	tory 2 - All OTHE	R
Brief description of filing. (If filing.	ng follows rates of ar	n advisory
Organization, specify	·	·
organization):	Revision of	Company's approved LPL
*Adjusted to reflect all prior rate		
**Change in Company's premit	ım level which will re	sult from application of nev
rates.		
	Medmarc Cas	ualty Insurance Company

## FORM (RF-3)

#### **SUMMARY SHEET**

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial	Water Control of the	
Automobile Physical Dama	Q	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft	WHITE CHANGE IN THE PARTY OF TH	
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Businessowers	37,747	- 0.5%
Life of Insurance		
	ertain territory (territories) or	certain
Classes? If so, specify: No No		
specify: No	If filing follows rates of an as	hilosop
Brief description of filing. (	If filing follows rates of an ac	lvisory
Brief description of filing. ( Organization, specify	•	•
Specify: No  Brief description of filing. (	If filing follows rates of an ac	•
Brief description of filing. ( Organization, specify	•	•
Brief description of filing. ( Organization, specify organization):  *Adjusted to reflect all prior **Change in Company's pre-	Adopting ISO reference filing	ng
Brief description of filing. ( Organization, specify organization):  *Adjusted to reflect all prior	Adopting ISO reference filing rate changes.	from application of ne
Brief description of filing. ( Organization, specify organization):  *Adjusted to reflect all prior **Change in Company's pre-	Adopting ISO reference filing rate changes. emium level which will result National Fire and In	from application of nedemnity Exchange ne of Company

#### FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revi	sion
effective 09/01/2009	

-	(1)	(2) Annual Premium	(3) Percent Change (+or ) **
4	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		•
	Passenger		
_	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
^	Commercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft		
5.	Glass		
6. -	Fidelity		
7.	Surety		
8.	Boiler and Machinery	<del></del>	
9.	Fire		
10.	Extended Coverage	<del></del>	
11.	Inland Marine	***************************************	**************************************
12.	Homeowners		478-79194-1
13.	Commercial Multi-Peril	·····	
14.	Crop Hail		
15.	Other Farmowners	\$172,213	-10%
	Life of Insurance		
•	Does filing only apply to certai	n territory (territories) or	certain
	Classes? If so,	recently (torritoriou) or	oona
	specify: No		
	Brief description of filing. (If fil	ing follows rates of an a	dvisory
	Organization, specify		ŕ
	organization):		
	Rate filing for Farmowners Program	. Program includes both ISC	and independent rates.
	This filing reduces the LCM applied to	the ISO loss costs and introd	uces 4 new forms.
	*Adjusted to reflect all prior rat		
	**Change in Company's premi	um level which will resul	t from application of new
	rates.		
	RECEIVED	StarNet Insuran	
	DECFINED	Nar	ne of Company
	WP -	•	
	JUN 0 4 2009	(	Official – Title
	00.4		

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

## FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	ate level produced by rate revision
effective August 1, 2009	•

	Cirective August 1, 2009	<del></del> •		
-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **	
1.	Automobile Liability Private			
١.	•			
	Passenger			
2	Commercial			
2	Automobile Physical Damag		ECEIVED .	
	Private Passenger		CEIAED	
_	Commercial			
3.	Liability Other Than Auto		HIN A A SSOC	
4.	Burglary and Theft	···	JUN 0 8 2009	
5.	Glass		TATE AB	
6.	Fidelity	DEPAR	TATE OF ILLINOIS TMENT OF INSURANCE	
7.	Surety		SPRINGFIELD	
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Other Liability	\$132,948	-14%	
	Life of Insurance			
•	Does filing only apply to certa	ain territory (territories) or	certain	
	Classes? If so, specify:  Territory factor changes are part of this filing with Cook County territory factor decreasing by 10% and the rest of the state factor increasing by 2.5%.			
	Brief description of filing. (If f	Brief description of filing. (If filing follows rates of an advisory		
	Organization, specify	3		
	organization):	Revision to our Small F	Firms Program. We are revising the	
	territory factor, base rate structure experience modification factor, and deductible factors.			
	*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new			
	rates.	<b>.</b>		
	XL Specialty Insurance Company			
			me of Company	
		Bovd Adams, Ass	sistant Vice President	

Official - Title